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<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b> <b>FY 2005</b> <i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818)).</i>		Docket Number (Optional) <b>1104-765</b>	
Application Number    10/654,100		Filed    September 3, 2003	
For                            Kasting			
Art Unit                    3754		Examiner    Ngo, Lien M.	

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above-identified application.

The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):

	<u>Fee</u>	<u>Small Entity Fee</u>	
<input type="checkbox"/> One month [37 CFR 1.17(a)(1)]	\$120	\$60	\$ _____
<input checked="" type="checkbox"/> Two months [37 CFR 1.17(a)(2)]	\$450	\$225	\$ <u>450</u>
<input type="checkbox"/> Three months [37 CFR 1.17(a)(3)]	\$1020	\$510	\$ _____
<input type="checkbox"/> Four months [37 CFR 1.17(a)(4)]	\$1590	\$795	\$ _____
<input type="checkbox"/> Five months [37 CFR 1.17(a)(5)]	\$2160	\$1080	\$ _____

☐ Applicant claims small entity status. See 37 CFR 1.27.

☐ A check in the amount of the fee is enclosed.

☒ Payment by credit card. Form PTO-2038 is attached.

☐ The Director has already been authorized to charge fees in this application to a Deposit Account.

☒ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 23-3030.

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

I am the ☐ Applicant/inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.171.  
Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).

☒ Attorney or agent of record. Registration Number: 45,082

☒ Attorney or agent under 37 CFR 1.34(a).  
Registration number if acting under 37 CFR 1.34(a): 45,082

<u>/Charles P. Schmal #45,082/</u> Signature	<u>May 15, 2006</u> Date
<u>Charles P. Schmal</u> Typed or Printed Name	<u>(317) 634-3456</u> Telephone Number

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required. See below.

☒ \*Total of 1 forms are submitted.